USAC Home | High Cost Program | Search Fools | Form 481

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on Mon 30 Jun 14 10:32:32 PM EDT by julie.laine@twcable.com .

SAC:

159027

143019523

Carrier Name: Time Warner Cable Information Services (New York) LLC

Program Year: 2015

Return to 481 Search

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Website & Privacy Policies

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		orm 481 Control No. 3060-0985/DMB Control No. 3060-0819 913
<010>	Study Area Code	159027	
<015>	Study Area Name	Time Warner Cable Information Services (N	New York) LLC
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Julie Laine	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2123648482 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	julie.laine@twcable.com	
	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	(complete attached worksheet,	10-10-10-10-10-10-10-10-10-10-10-10-10-1
<200>	Outage Reporting (voice)	(complete attached worksheet,	
<210>	<- check box if no	outages to report	THE STATE OF THE S
<300>	Unfulfilled Service Requests (voice)		
<310>	Detail on Attempts (voice)	(ot	toch descriptive document)
<220×	Unfulfilled Service Requests (broadband)		
13202	offullined service requests (broadbard)		
<330>	Detail on Attempts (broadband)	Įa.	ttoch descriptive document)
<400>	Number of Complaints per 1,000 customers (volce)		
<410>	Fixed 0.45		
<420> <430>	Mobile Number of Complaints per 1,000 customers (broad)	and)	
<440>	Fixed	1	
<450>	Mobile		
<500>	Service Quality Standards & Consumer Protection Re 159027ny510.pdf	lles Compliance (check to indicate certification)
<510>		(attached descriptive docum	nent)
<600>	Functionality in Emergency Situations	(check to indicate certification	
	Form 481 Line610063014.pdf		
<610>		fottached descriptive documen	9
	Company Price Offerings (voice)	(complete attached worksheel	
	Company Price Offerings (voice) Company Price Offerings (broadband)	(complete attached workshee	212120
	Operating Companies and Affiliates	fromplete attached workshee	
	Tribal Land Offerings (Y/N)?	fif yes, complete attached worksheet	
<1000>	Volce Services Rate Comparability	(check to indicate certification	y leading
<1010>		fattach descriptive document	FINAL STREET
	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certificatio	in)
<1100>		A STATE OF THE STA	
		(complete attached workshee	Charles and the second
<1110> <1200>	Terms and Condition for Lifeline Customers	(complete attached workshee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<1110> <1200>	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional I	(complete attached workshee documentation Worksheet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<1110> <1200> <2000>	Terms and Condition for Lifeline Customers	(complete attached workshee documentation Worksheet	
<1110> <1200> <2000> <2005>	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional I	(complete attached worksheet ce Cap Local Exchange Carriers (check to indicate certification (complete attached worksheet	

Data Co	rvice Quality Improvement Reporting Comparison Compa	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648487 ext.
<039>	Contact Emall Address - Email Address of person identified in data line <030>	julie.laine@twcable.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O O
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concert which only receives frozen support, your progress report is only required to address voice telephony service.	mpany is a
<112>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your con	Name of Attached Document
	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire	Name of Attached Document
<113>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<113> <114>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept of the content of the c	Name of Attached Document
<113> <114> <115>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received	Name of Attached Document
<112> <113> <114> <115> <116> <117>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept of the content of the c	Name of Attached Document

(200	Service Outage Re	porting (Voice)
Data	Collection Form	

FCC Form 481
OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person Identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

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2000	iORS ference mber	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
								***	1			
							See attached	V.			77.	
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Form 481, Line 510

Service Quality Standards and Consumer Protection Rules Compliance

As a certificated provider of local access and exchange service in New York state, including Lifeline, TWCIS (NY) is subject to federal and New York state law and regulation governing consumer protection and telephone service quality. Moreover, TWCIS (NY)'s cable television services are subject to state public service and consumer protection law and regulations that are similar to rules governing telephone utilities which address various aspects of the customer and service provider relationship such as applications for service, termination, reconnection of service, customer notice, late payment charges and customer complaints. To wit, TWCIS (NY) must treat subscribers who opt for service offerings that bundle cable and voice services in accordance with overlapping but largely consistent regulations for both services.

Following its designation as an Eligible Telecommunications Carrier, TWCIS (NY) began statewide sales and marketing of a Lifeline product set in July, 2013. Coincident with the launch of Lifeline, TWCIS (NY) began the process to develop and produce monthly service quality reports in accordance with 16 NYCRR § 603 et seq. It began filing monthly service quality reports with the New York Public Service Commission (NYPSC) in June, 2013. As TWCIS (NY) began to develop a base of Lifeline subscribers in the state, it began to extract and produce for the NYPSC the same installation and repair metrics required by § 603 for Core Customers, who are predominantly Lifeline subscribers. In addition to Lifeline customers, the Core Customer base includes voice customers who are known to be handicapped, elderly or subject to medical conditions afforded collection treatment in accordance with 16 NYCRR § 609.5.

Following is a summary of the Service Quality metrics TWCIS (NY) provides the NYPSC on a monthly basis pursuant 16 NYCRR § 603.

- 1. Customer Trouble Report Rate (CTTR)
- a) Initial Customer Trouble Reports per 100 Access Lines per Month Performance Threshold: 5.5 or less
- 2. Customer Trouble Report Rate (CTRR)
- b) 85% or More of Total Central Offices At or Below 3.3 Reports Per Hundred Lines Performance Threshold: 85% or greater
- 3. Percent Out-of-Service Over 24 Hours (%OOS>24 Hours)

Performance Threshold: 20.0% or less per administrative reporting entity.

Percent Out-of-Service Over 24 Hours (%OOS>48 Hours)

Performance Threshold: 20.0% or less per administrative reporting entity.

5. Percent Initial Basic Local Exchange Service Line Installations Within 5 days

Performance Threshold: 80.0%

6. Percent Initial Commitments Missed

Performance Threshold: 10% or less for each installation administrative entity.

7. Percent of Final Trunk Group Blockages Performance Threshold: 3.0% or less.

8. Business/Repair Office Answer Time (answered within 30 seconds)

Performance Threshold: 80.0% or greater

9. Operator Assistance Average Answer Time

Functionality in Emergency Situations

Time Warner Cable (TWC) routinely engages in targeted preplanning to address known and unforeseen emergency events. TWC's Network Operations Center (NOC), Network Communications Center (NCC) and Technical Operations Center (TOC) initiate, as far in advance as possible, Incident Management Plans to reserve and deploy resources to optimize restoration efforts and information dissemination in the event of a major network disruption. NOC and TOC preplanning can take many forms but invariably includes increasing network operations staff, placing field technicians and contracted fix agents on heightened standby alert, preapproval of overtime coverage, review of network capacity where a weather emergency is forecast and pre-deployment of portable generators and standby equipment to remedy power related service impacts. The above measures and others all aim to quickly engage all necessary resources to remedy any disruption to voice or broadband services.

TWC also has a comprehensive Emergency Response Plan (ERP) grounded in principles of business continuity that govern TWC's approach to service restoration and stakeholder communication during a natural or man-made crisis. TWC's national NOC in Herndon, VA is always on standby to activate the ERP if a service-affecting event or the TOC initiates activation. The ERP establishes a tiered incident management structure that clearly defines responsibilities and directs network remediation activity in a manner that avoids duplicitous restoration efforts by local, corporate and contracted technical resources. The plan centralizes and corroborates situational awareness communication to various stakeholders. At the center of the ERP is a regional NOC in Syracuse, NY and the Herndon national NOC, which are equipped to coordinate cross functional support, damage assessment and escalation activity using incident management software. During service-affecting events, the national NOC hosts a conferencing bridge to serve as a technical resource and to provide situational reporting in support of local crisis response and crisis management teams. Finally, TWC is able to quickly activate an Emergency Operations Center (EOC) via its national NOC as conditions warrant.

In the New York state study area specifically, TWC has formal relationships with both the New York City and New York State Offices of Emergency Management (OEM) and each agency has points of contact with TWC. In the event that the city and/or state activates EOCs to manage an event, TWC would make personnel available to sit in either or both EOCs, or would engage virtually. TWC is further engaged at the federal level with the Department of Homeland Security and the National Coordinating Council for Telecommunications (NCC) and the NCC's Information Sharing and Analysis Center (ISAC). TWC's Enterprise Director of Business Continuity and Crisis Management is the vice-chairman of the Communications ISAC where information sharing among telecommunication carriers occurs. TWC also has direct relationships with many New York state power utilities.

ACTION NAMED IN	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July/2013
<010>	Study Area Code	159027	
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC	
<020>	Program Year	2015	114
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123548482 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.lsine@twcable.com	
<701>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

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	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	ECC Form 4B1
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julia.laine@twcable.com

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	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken Whe Limit Reached (selec
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0985/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	159027
<01.5>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person Identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com
<810>	Reporting Carrier Time Warner Cable Information Services [New	York), LLC
<811>	Holding Company	
<812>	Operating Company	

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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CO12D Program Year CO2D Program Year CO3D Contact Name - Person USAC should contact regarding this data CO3D Contact Telephone Number - Number of person identified in data line <03D 2123648492 ext. CO399 Contact Telephone Number - Number of person identified in data line <03D 2123648492 ext. CO399 Contact Email Address - Email Address of person identified in data line <03D 2123648492 ext. CO3D 2 Tribal Land(s) on which ETC Serves CO3D 2 Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: CO3D 2 Needs assessment and deployment planning with a focus on Tribal community anchor institutions. CO3D 2 Needs assessment and deployment planning: CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive manner; CO3D 3 Narketing services in a culturally sensitive man	<010>	Study Area Code	159027
Contact Name - Person USAC should contact regarding this data O355 Contact Relephone Number: Number of person identified in data line <0305 2133648482 ext. O359 Contact Email Address - Email Address of person identified in data line <0305 julie-latinestweable.com O360 Tribal Land(s) on which ETC Serves O370 Tribal Land(s) on which ETC Serves Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$5.4318(a)(9) includes: O380 Select (Yes,No, NA) O380 Select (Yes,No, NA) NA) NA) NA) NA) NA) NA) NA)	<015>		Time Warner Cable Information Services (New York) LLC
Contact Telephone Number - Number of person identified in data line <030> 2133564862 ext. Code	<020>	Program Year	2015
Contact Email Address - Email Address of person identified in data line <030> julia latasetweable.com Carribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: Carribal Seasessment and daployment planning with a focus on Tribal community anchor institutions. Peasibility and sustainability planning: Carribal Carribal Services in a culturally sensitive manner; Compliance with Land Use permitting requirements Compliance with Land Use permitting requirements Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<920> Tribal Covernment Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: 921> Needs assessment and daployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923 Marketing services in a culturally sensitive manner; <924- Compliance with Rights of way processes Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	<035>	Contact Telephone Number - Number of person identified in data line <030	> 2123648482 ext.
c920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)[9] includes: c921> Needs assessment and deptoyment planning with a focus on Tribal community anchor institutions. c922> Feasibility and sustainability planning: c923> Marketing services in a culturally sensitive manner; c924- Compliance with Rights of way processes compliance with Facilities Siting rules	<039>	Contact Email Address - Email Address of person identified in data line <030	0> julie.laine@twcable.com
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<922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	If your to conf	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to	Select (Yes,No,
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	If your to conf demon § 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal	Select (Yes,No, NA)
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	If your to conf demon § 54.31 <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes,No, NA)
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	If your to conf demon § 54.31 <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	Select (Yes,No, NA)
<926> Compliance with Facilities Siting rules	If your to conf demon § 54.31 <921> <922> <923>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	Select (Yes,No, NA)
	If your to conf demon § 54.31 <921> <922> <923> <924>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	Select (Yes,No, NA)
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	If your to conf demon § 54.31 <921> <922> <923> <924> <925> <926>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select (Yes,No, NA)
<928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.	If your to confidemon § 54.31 <921> <922> <923> <924> <925> <926> <927>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes	Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		159027
<015>	Study Area Name		Time Warner Cable Information Services (New York) LLC
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Julie Laine
<035>	Contact Telephone Number - Number of person identified in data I	ine <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030>	julia.laine@twcable.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	ection Form:		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	DIS, MILL	159027
<015>	Study Area Name		Time Warner Cable Information Services (New York) LLC
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Julie Laine
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data I	ine <030>	julie.laine@twcable.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		Name of Attached Document
<1220>	Link to Public Website	HTTP h	http://www.timewarnercable.com/en/about-us/legal/regulatory-notices/state-tariffs.html
or the we	heck these boxes below to confirm that the attached document(s), on line 1 solute listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mus report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,	/	
<1223>	Additional charges for toll calls, and rates for each such plan.		

TATION STATES	ice Cap Carrier Additional Documentation ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Name	159027	
<020>	Program Year	Time Warner Cable Information Services ()	New York) LLC
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.leine@twcable.com	The state of the s
CHECK to	ne boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(ca Phase I support, frozen High Cost support, High c) the information reported on this form and in the	(1) 전에 가는 사람들은 보고 있는데 보고 있는데 보고 있다. 이렇게 되는 것이 없는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 있는데 보고 있는데 보고 있는데 보고 있는데
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	5	
<2013>	2014 Frozen Support Certification	i	
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	I	
	Connect America Phase II Reporting (47 CFR § 54.313(e))	=	
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	shall provide the number, names, and	
<2021>	Interim Progress Community Anchor Institutions		
		Name of Atta	ached Document Usting Required Information

	te Of Return Carrier Additional Documentation	FCC Form 481 OMB Control No. 3060-0946/OMB Control No. 3066-0819 July 2013
<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Julia Laine 2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie laine@twcable.com
CHECK t		at to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in the information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(f)	
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to assess of community anchor institutions to which began
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required information [Yes/No] [Yes/No]
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
(70.00)		Name of Attached Document Listing Required Information (Yes/No)
(3018)	If the response is no on line 3014, is your company audited?	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)		format comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	Pash Flows
(3021)		The state of the s
loori	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains:	
(3022)	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant	
	Underlying Information subjected to an officer certification. Document(s) for Balance Sheel, Income Statement and Statement of ©	ash Flows
	Attach the worksheet listing required information	

Certification - Reporting Carrier Data Collection Form		PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibili recipients; and, to the best of my knowledge, the information repo		equirements for universal service support
Name of Reporting Carrier: Time Warner Cable Information	Services (New York) LLC	
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/30/2014
Printed name of Authorized Officer: Julie Laine		Secretary (Secretary)
Title or position of Authorized Officer; Group Vice President &	Chief Counsel	
Telephone number of Authorized Officer: 2123648482 ext.		10 mm - 10 mm
Study Area Code of Reporting Carrier: 159027	Filing Due Date for this form: 07/01/201	4

Certification Agent // Carriet *** Deta Collection Form ******* 2. *** Deta Collection Form ************************************		FCC Form 481 OMB Control No. 3050-0985/OMB Control No. 3050-081 July 2013		
<010>	Study Area Code	159027		
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648492 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the Information reported on behalf of the reporting carrier.
elso certify that I am an officer of the reporting cerrier; my resp agent; and, to the best of my knowledge, the reports and data p	onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
	Filling Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Auth	orized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	to submit the annual reports for universal service support reciplents on behalf of the reporting carrier; I have provided ing carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

(200)	Service	Outage	Repor	ting	(Voice
Data	Collection	on Form			

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	159027				
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine				
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com				
<220s						

<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	 	<g>></g>	<h></h>
Outage Star	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Old This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
01/31/2013	07:45	01/31/2013	12:44	30483	293784	Yes	Wireline (including cable) VoIP, lost dialtone	No	restors backbons visibility/access to two IP blocks	NOC alarms reset
07/16/2013	07:00	07/16/2013	09:22	104000	299880	Yes	Wireline (including cable) VoIP, switch error message on outbound	Мо	soft patch to fix shared memory synch for 2 nodes	corrective measures with vendor
11/17/2013	05:52	11/17/2013	09:55	23523	547938	Yes	Wireline (including cable) VoIP, power outage at hub	No	UPS caused DC gen to go out of phase	correct UPS/DC gen anomaly
					1 22					
								1 TA		
	1 17									
	Outage Star Date 01/31/2013 07/16/2013	Outage Start Start Time 01/31/2013 07:45 07:16/2013 07:00	Outage Start Start Time Outage End Date 01/31/2013 07:45 01/21/2013 07/16/2013 07:00 07/16/2013	Outage Start Date Start Time Outage End Time 01/31/2013 07:45 01/31/2013 12:44 07/16/2013 07:00 07/16/2013 09:22	Outage Start Date Start Time Outage End Date Outage End Time Number of Customers Affected 01/31/2013 07:45 01/31/2013 12:44 30483 07/16/2013 07:00 07/16/2013 09:22 104000	Outage Start Date Start Time Outage End Date Outage End Time Number of Customers Affected Total Number of Customers 01/31/2013 07:45 01/31/2013 12:44 30483 293784 07/16/2013 07:00 07/16/2013 09:22 104000 299880	Outage Start Date Start Time Outage End Date Outage End Time Number of Customers Affected Total Number of Customers Affected Number of Customers Affected Number of Customers Affected Yes / No) 01/31/2013 07:45 01/31/2013 12:44 30483 293784 Yee 07/16/2013 07:00 07/16/2013 09:22 104000 299880 Yee	Outage Start Date Time Outage End Date Time Outage End Time Affected Customers Affected (Yes/No) Wireline (including cable) 01/31/2013 07:00 07/16/2013 09:22 104000 299880 Yes Wireline (including cable) Wireline (including cable)	Outage Start Start Time Outage End Date Time Affected Customers Affected Customers Affected Customers Customers Outage Time Outage End Date Time Outage End Customers Affected (Yes/No) Wireline (including cable) O1/31/2013 07:45 01/31/2013 12:44 30483 293784 Yes Wireline (including cable) VoIP, lost dialtone No O7/16/2013 07:00 07/16/2013 09:22 104000 299880 Yes Wireline (including cable) VoIP, switch error message on outbound No Wireline (including cable) Wireline (including cable)	Outage Start Start Time Date Time Affected Customers Affected Customers Affected Customers Customers Outage Time Outage End Date Time Affected Customers Affected Customers Outage Time Outage End Date Outage End Date Outage End Outage E